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# Liberia : Maternal Health & Ebola

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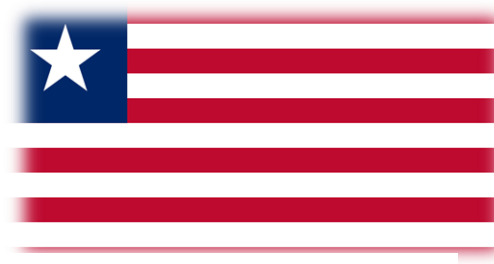
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# GOVERNMENT/ HISTORY

Liberia maintains a presidential republic system, meaning that a president who represents the citizens rules the government. Liberia's electoral process is somewhat similar to that of the United States, in that the appointed individual governs for six years in two rounds. However, in 1980, Liberia's government took a turn for the worst. Samuel Doe and several other men managed to get into the presidential mansion and kill the current president. Then, Doe declared himself president, which led to the restriction of political activity and communication as well as the mistreatment of several ethnic groups. Later in time, a rebel group killed Doe and proceeded to commit what many call one of the worst "ethnic cleansings" (Duva, 2002)



## LIBERIA

- a low-income country
- located between Guinea, Côte d'Ivoire, and Sierra Leone in West Africa.
- population of 4,689,021 people
- around 86% of are Christian, while roughly the remaining 14% are Muslim (CIA, 2017).
- 20% of the Liberian people are Kpelle, 13% are Bassa.

## HEALTH ISSUES & CHALLENGES:

- *POOR ECONOMY*
- *CORRUPT GOVERNMENT*
- *LACK OF RESOURCES*
- *RELIANT ON EXTERNAL SOURCES*
- *POOR HEALTH CARE RESOURCES/ ACCESS*
- *HIGH UNDER 5 MORTALITY RATE (70% AS OF 2016)*

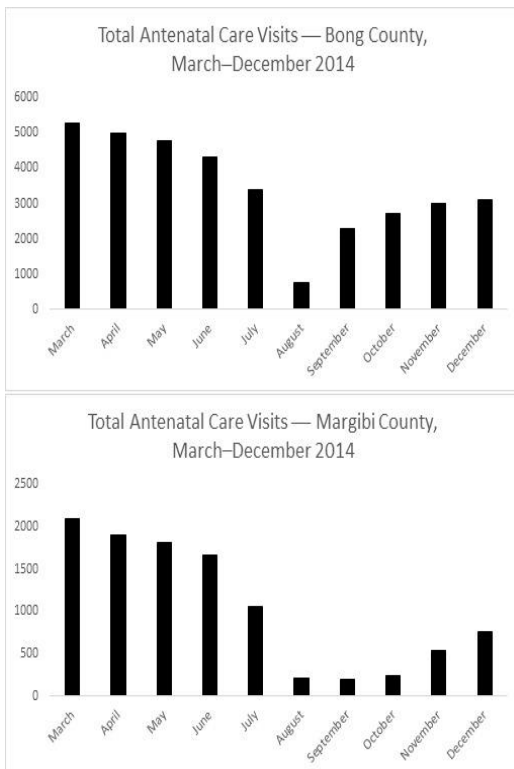
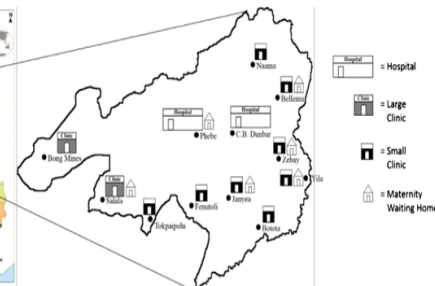


Figure 2

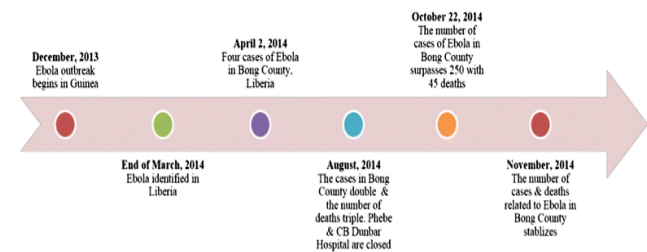


Figure 1 shows health care facilities in a Liberian county. As shown, only two actual hospitals stand in place, demonstrating how difficult they can be to access, given how sparse they are and expensive they can be. Figure 2 demonstrates the amount of antenatal care visits throughout the Ebola epidemic, showing how Ebola decreased the amount of visits. It is easy to see how the history of Liberia's government, in addition to several other factors, has significantly contributed to the poor state of public health that this low-income country has. Liberia is now heavily reliant on external funding and donations from NGOs and outside countries, especially for health care, funding, and resources in general. This paper will focus on the Ebola outbreak in Liberia and how women and their children have been affected, given their vulnerability.

## WHAT IS EBOLA?

- An animal-borne virus infection that spreads through direct contact of secretions and bodily fluids such as blood, saliva, or semen, and was initially discovered in 1976. (CDC, 2016).
- The *intervention period* of Ebola, or the time it takes from first infection to feeling the first symptoms of the disease, is 21 days (WHO).
- Those at highest risk of getting Ebola are those who have made direct contact with or live near one who is already ill, as well as individuals taking care of the ill person, those who have had sexual intercourse with an infected person, & those processing contaminated fluids in a laboratory without using personal protective equipment.
  - Mothers and children, who are already a vulnerable population, are also easily susceptible to Ebola, given the relationship of breastfeeding.



### Symptoms include:

-headache      -muscle pains  
-sore throat   -diarrhea, vomiting  
bleeding.

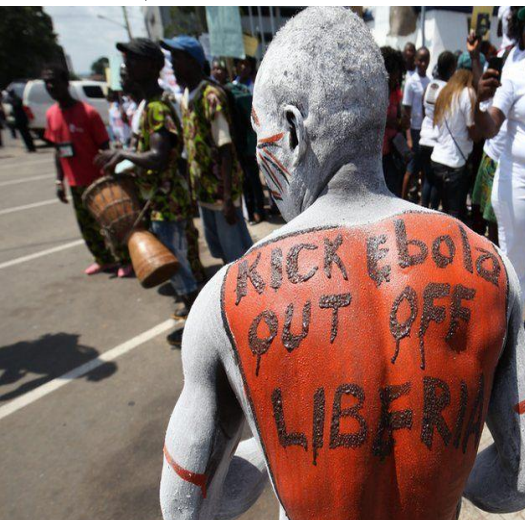
## CHALLENGES

Previous research has clearly demonstrated the susceptibility and vulnerability of mothers and young children to illnesses, as well as the impact and dangers of Ebola, especially in West Africa. Once an individual experiences symptoms of Ebola, blood specimens can be drawn from the person to determine if they are infectious. Although an FDA-approved vaccine currently is not available, health professionals are trained to provide fluids and electrolytes, as well as monitoring the oxygen levels and blood pressure of those with Ebola in efforts to increase survival. Ebola is also difficult to diagnose because the symptoms are very similar to those of influenza and pregnancy complications, which provides additional challenges since early detection is critical.

REMEMBER: If a family member falls ill but has no money or health care center nearby, their chances of seeking professional help are unlikely. Furthermore, even if there were these resources nearby, people often prefer to seek out cultural practices that they are comfortable or familiar with to heal any illnesses, as opposed to going to a health facility that they cannot afford anyways.

## WHAT DO WE DO NOW?

- Be considerate of language/culture barriers, financial insecurities, government, as well many other extraneous factors that affect an individual & their choice/ability to seek healthcare.
- Try to improve the average, since most of the population could be considered high risk.
- Make education a priority
- Use familiar faces/celebrities to help convey important health messages to help gain trust of the people.



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